



# CIMS User Access Form

Indiana Office of Technology  
100 N. Senate Ave. IGCN N551  
Indianapolis, In 46204

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## User Information

1. Agency \_\_\_\_\_
2. Full Name \_\_\_\_\_
3. Email Address \_\_\_\_\_
4. Contact Phone Number \_\_\_\_\_

Signature CIMS User \_\_\_\_\_

Signature of Manager \_\_\_\_\_

\*\*\*\*\*This Portion is for IOT Staff Only\*\*\*\*\*

User assigned password \_\_\_\_\_

User assigned Group \_\_\_\_\_

User assigned Access Level \_\_\_\_\_

Signature of CIMS System Admin \_\_\_\_\_

Please return completed form to IOT, Attention: CIMS Team